

## **SLOVENIA - National Report**

Slovenia has a partial and indirect population policy, with numerous measures and activities in the fields of family policy, health policy, employment policy, social welfare policy and others. In April 1993, the National Committee for Population Policy was set up. It has prepared the Slovene National Report for the Cairo Conference, provided Slovene translation and the distribution of Cairo documents and has begun to prepare the report on the demographic situation in Slovenia, including suggestions for appropriate population policy. Its work has not yet been completed.

### **(1) Family, fertility and reproductive health**

In Slovenia a family is not a legal person, a holder of rights and duties. The Law on Marriage and Family Relations (Official Gazette of the RS, No. 14/98 -clarified text) determines that a family is a living community of parents and children which, because of the benefit of children, enjoys special protection, since by law, planning a family is the social significance of marriage. By law, parents are natural or adoptive (foster parents). In addition to marriage, the Law on Marriage and Family Relations defines a consensual union as a longer lasting living community of a man and a woman who are not married, which is determined by the family legislation to be equal to marriage in regard to certain legal consequences. If this community contains a child, it is a family in which the father and the mother together implement the parent's rights. The concept of a family, determined by the definition can be understood in a broader sense. Some living communities consisting of a child and a person who is not his natural or adoptive parent are also considered to be a family, provided that there is individual, (long-) lasting care by the adult for the child in the community, and also that this community resembles the family community of parents and children from the legal aspect. Where these two conditions are fulfilled, the living communities of a foster child and a foster parent, a guardian and an under-aged ward-If he lives with the guardian, can be considered a family. In case where parents live separately, the parents with whom the child lives implements the parent right. In case of divorce or annulment, the parent who has been entrusted with the care and education of the child implements the parent right. In cases where one of the parents is dead or unknown, or the right has been taken away from him/her, or he/she been denied business capacity, the parent right is maintained by the other parent. In the above-mentioned cases, when one person implements the parent right, the term "single parent family" is used.

Trends in family formation, which started in the 1970's, have continued in recent years: a declining frequency of marriage, an increasing mean age of marriage, and an increase in cohabitation and the proportion of children born out of wedlock. Until the 1970's, only about 10% of children were born out of wedlock. Since then their number and proportion have increased, and in 1997, reached 33% of births of any order and 46% of births of first order. The proportion of extra-marital births registered by both parents is increasing as well; 55% in 1970 and over 90% from 1993 onwards.

The family structure has changed and both the proportion of couples without children and single parent families are on the rise. The two-parent family is still the dominant family type, followed by couples without children and the one-parent family. The 1991 census reported that one-parent families represented 18% of all families.

Statistical information about cohabitation is very poor although consensual unions were made legally equal to marriage twenty years ago. Children born out of wedlock also have the same rights as children born within wedlock, In the 1991 census, about 5% of women aged 20 - 34 years declared themselves to be living in consensual unions.

In Slovenia, programmes and measures of **family policy** are intended for all types of families, with special emphasis on disadvantaged families (child benefits, social welfare benefits, etc.), families with several children (income tax relief) and families with a child with special needs, In the economic and fiscal field of

family policy, the Law on Family Benefits, introduced in 1993 and amended in 1994 and 1995, defines five types of benefits; financial supplements for maternity leave (105 days) and financial supplements for childcare for mothers and fathers (260 days)<sup>1</sup>, parental supplement for all mothers who are not entitled to financial supplement for maternity leave, or any other compensation pay or pension, layette support as a package for all new-born children or as a cash payment to a mother or father with permanent residence in Slovenia, child benefits (the amount of the benefit is inversely proportional to the income of the parents) and extended childcare supplement for twins, or care of a child with a serious physical or mental handicap. Progressive tax relief was introduced for families with children by the Income Tax Law in 1991 and amended in 1994.

After 1993, changes refer to maternity and parental leave and child allowances. In 1995, financial reimbursement for maternity and childcare leave was extended to mothers whose permanent employment is terminated without their violation or fault during pregnancy, maternity leave, childcare leave or extended childcare leave. In 1993, a new system of child allowances was introduced, which gradually expanded the number of rightful claimants and children. It is estimated that in 1996, 80% of children who attended school and were under 27 years old received child allowances. These changes were introduced with the aim of assisting families with children, because a recent analysis of the economic aspects of parenthood showed that the burden of childcare costs on the family budget increased considerably after 1988<sup>2</sup>. Since 1996, in addition to childcare benefits, children with special needs have received a special disability grant, which does not depend on the material status of the family, but on the special needs of the disabled child.

The new Law on Parenthood and Family Allowances, which was submitted to parliamentary procedure in 1998, provides for numerous changes. Child benefits are to be selective and are to improve the material condition of families with low income. Therefore, the amount decreases with an increase in the income of each family member. At the same time, the demographic element, which until now has been included in the tax system, is now included in child benefits. Thus, the amount of child benefits increases with the number of children in a family, while the new income tax relief is to be uniform for all children and irrespective of income and the number of children. The proposal for the Law also introduces a 10% increase in child benefits for single parent families and an increase in income census for such families. The proposal introduces a new allowance for a numerous family which will be extended to families with several children once a year, irrespective of their material circumstances.

In addition to the newly proposed measures in the field of family policy, which will be introduced by the Law on Parenthood and Family Allowances, the proposal for the establishment of an alimony fund needs to be mentioned as well. It is to enter into force in the year 2000 and should provide aid for children living in single parent families and not receiving court awarded alimonies.

**From the gender perspective, the main problem is combining working and family life, regarding the high participation of women in the labour market.** In Slovenia, female labour force participation is very high. According to Labour Force Surveys the proportion of women in the labour market amounted to 46,2% in 1993 and 46,5% in 1996. In most cases they had full-time jobs, although the option of part-time jobs existed as well.

In 1990, The Labour Relations Act introduced the possibility of working part-time, however this form of employment is rarely used in Slovenia. In 1990 and in 1992, only 0.7% of all employees worked part-time, with women having a slightly higher percentage (0.8%) in comparison with men (0.6%). The figures for 1998 are very similar, only 0.8% of all employees worked part-time. In addition, the 1990 Labour

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<sup>1</sup> The amount is 100% of the average ss,age of salary for the 12 months before the beginning of the maternity or paternity leave.

<sup>2</sup> Stropnik: The economic view of parenthood, Forum 1/97. Znanstveno in publicistično središče, Ljubljana, 1997.

Relations Act gave employees the right to reduce working hours for reasons of child welfare. Whenever the welfare of a pre school child is at stake, either parent has the right to shorter their working hours than half the full working hours. This form of employment is also rarely used. The new Labour Relations Act, which has been submitted to parliamentary procedure, maintains already standardised options for shorter working hours and also introduces a new right. This is the right of a breastfeeding mother to an hour-long break, twice a day, during working hours. The new Labour Relations Act no longer regulates the right to maternity and childcare leave since these rights are regulated in the proposal of the Law on Parenthood and Family Allowances.

The proposal of the Law on Parenthood and Family Allowances presents numerous innovations in this field as well, such as **paternity leave**, extended childcare leave and adoption leave and the possibility to use parent's leave until the child is 8 years of age. Paternity leave is the right of a father to care for his child for 45 days. Adoption leave is the right of parents/adoptive parents to care for their child even in the case of an older child adoption. Under the new Law, the right to childcare leave is being gradually extended, to 45 days and by 2001, to 305 days (as a hole length of a childcare leave). It will be possible to make use of childcare leave in the form of full or partial absence from work.

The rate of children enrolled in pre-school institutions is high and growing, in relation to the number of children born in Slovenia. A well-developed network of kindergartens has not changed significantly during the transition period. Private units, which have been developing since 1993, accept an insignificant proportion of pre-school children. In Slovenia, arrangement of private kindergarten status is based on the belief that the establishment and operation of private kindergartens represents enrichment and more choice, without hurting public kindergartens. The Law on Kindergartens, which came into force on 15 March 1996, introduces the possibility of pre-school education at home for children who, because of illness, cannot enrol in kindergarten. Considering the needs and interests of the environment in which they operate, kindergartens may organise childcare in childcare-families which operate from the home of the nursery school teacher, or they may organise periodical baby-sitting. In 1996 and 1997, 58.6% of all pre-school children, ages I through 7, were enrolled in kindergartens. The rest of the children were in other forms of care.

**The reproductive health of women is** an important aspect of family planning, particularly in the context of human rights and fundamental freedoms. In Slovenia, family planning became established as early as the Fifties by means of modern and reliable contraceptive devices and the formation of a network of health clinics with family planning divisions. It is estimated that the availability of reproductive services is satisfactory, The network is the same as that for other basic health services (60 health centres). In 1970, legislation governing the reproductive field and health institutions, which were developing and implementing family planning programmes, started to take form. Modern contraceptive devices became available by prescription without charge, while condoms were available openly but had to be purchased. A greater accessibility of reproductive rights had considerable effect. Since 1982 the number of unplanned pregnancies and abortions has been decreasing continuously.

The number and the rate of induced abortions is decreasing steadily in all age groups. In 1995, the induced abortion rate for Slovenia was 20.8 per 1,000, I.e. 0.55 abortions per one live-birth and in 1997, the induced abortion rate for Slovenia was 18.7 per 1,000, i.e. 0.54 abortions per one live-birih. There has been no restriction, except for medical reasons, on induced abortion since 1977, when Slovenia adopted the Law on Health Measures for implementing the right of free choice concerning the birth of a child, which is now legalised in the Constitution of the Republic of Slovenia. According to Article 55 of the Slovenian Constitution, 'Persons shall be free to decide on the birth of their children. The State shall ensure that persons have every opportunity to exercise this freedom and shall create such conditions which shall enable parents to freely decide on the birth of their children.'

## **(2) Mortality and health**

After a longer period of steady increase in life expectancy, a stagnation was observed between 1989 and 1995. This was due to the increasing probability of death at almost all ages, except during childhood. Since 1995, life expectancy at birth has been on the rise again, and in 1996/1997 reached 71 years for men and 78.6 years for women.

For children up to 15 years of age, the mortality rate has been decreasing continuously, especially for infants. In 1996, infant mortality was 4.7 per 1,000 live births. Foetal deaths have been decreasing as well, only the stillbirth rate is stagnating. In Slovenia, an average of 10 maternal deaths per 100,000 live births has been recorded in the last 7 years. In 1996, the maternal mortality rate reached the high level of 29 maternal deaths per 100,000 live births.

In Slovenia, the majority of the population dies of heart and vascular diseases, new growths and injuries. The most worrisome is mortality due to injuries, which are principal causes of deaths between the ages of 1 and 49, particularly among men. The number of deaths due to traffic accidents is on the rise. Traffic accidents are also a major cause of disabilities.

An increase in the number of patients suffering from cancer has been indicated, particularly in those with cancer related to smoking and the consumption of alcoholic beverages. Heart and vascular diseases are the cause of deaths particularly among older population. In the period of stagnating life expectancies, no changes were observed in cause-specific mortality rates.

Slovenia is currently in the process of approving the strategic National Health Care Plan, in accordance with the new health care legislation adopted in 1992 and amended in 1993 and 1996. The new health care legislation introduces compulsory health insurance, the possibility of private health care activities and the transfer of certain administrative authorisations to medical and pharmaceutical chambers. Compulsory health care insurance ensures the payment of health care services for all preventive examinations and treatment of children, school-age youth and students, preventive examinations and health care for pregnant women, as well as health care for women regarding family planning counselling, birth control, pregnancy and childbirth. Extensive instructions on performing preventive health care for individual groups of people were issued in 1997.

Slovenia adopted the draft of the National Health Care Plan - Health by the Year 2000, which has been submitted to parliamentary procedure. The document considers the health care needs of the Slovene population and the objectives of the World Health Organisation. It defines tasks, objectives and strategies for health care development, priority fields of development and foundations for the development of health care activities, including the education of personnel and the development of health care insurance, the specific needs and possibilities for health care in individual areas, persons in charge of implementing the plan, and criteria for a public health care service network, taking into account equal opportunity in the access to health care services. Priority objectives of health care policy are; promotion of health and preventing illness, reducing the differences in health care, altering behavioural patterns which are harmful to health (prevention of smoking, increased physical activity, increased consumption of healthy foods, prevention of excessive drinking of alcoholic beverages, drug addiction, improvement of mental health, promotion of sexual and reproductive health), a quality living environment, development of profession, improvements in the quality of health care operation, and promotion of health care research. Priority tasks are set out in particular for six groups of people: children and youth, women, men, workers, elderly and disabled people and disadvantaged groups (Immigrants, the unemployed, addicts). Special measures of the plan, however, involve more groups, i.e. the education of young people of both sexes regarding responsible

parenthood and healthy sex, and information for all on controlling risk factors, doing without cigarettes, drinking alcoholic beverages in moderation, etc.

### (3) Population ageing

The population of Slovenia is getting old. In 1997, the mean age was 38 years, 19% of the population was below 15 years of age and 12% was over 64 years of age. According to official projections, the elderly population will continue to grow, reaching more than 20% in 2020; one quarter of which will be older than 80 years. In fact, 4% of the elderly reside in institutions and one fourth live in one-member households.

The ageing of the population has an influence on the higher expenses of old-age insurance, the increasing costs of health and social care, and the necessary increase in the share of the working age population. In Slovenia, certain adaptations to the concept of **pension and disability insurance** were made after 1991. It also became possible to Join the compulsory pension and disability insurance on a voluntary basis, under certain conditions, such as by taking care of a child of up to 7 years of age or an elderly person. Retirement age has been extended by three years. The new proposal of the Law on Pension and Disability Insurance, which has been submitted to parliamentary procedure, contains a complex reform of the pension and disability insurance system, which will be introduced gradually in Slovenia. The proposal covers a revision of the present compulsory pension and disability insurance system, and the introduction of compulsory additional insurance for currently insured persons with a beneficiary insurance period, and additional voluntary insurance for other insured persons, respectively. The next stage of the reform will divide the present uniform compulsory pension insurance system into two pillars of compulsory insurance and a third pillar of voluntary pension insurance. The most important solutions of the planned reform are: that it maintains compulsory insurance for all groups included into compulsory insurance, however it also introduces the possibility of exclusion from the compulsory insurance and extension of the group of insured persons to parents of children to the age of one year. For obtaining the right to age retirement, it proposes a minimal condition on the completed period required for retirement, which is 40 years for men and 38 years for women, upon reaching the age of 58. This age is to apply to both men and women. To stimulate later retirement, the proposal of the law provides for material incentive, which takes the form of an increase in the pension base by 0.3% for every month after reaching minimal conditions regarding a later age of retirement. Pension base is to be calculated from the monthly average salaries of the insured person or from the insurance base from which the contributions were charged during any successive 25 years of insurance, which were the most favourable for the insured person, after 1 January 1979. As compensation for certain forms of reducing the secured rights or changes in the conditions for obtaining them, an additional insurance system would be set up parallel to the reform of the compulsory system. As a rule, additional insurance would be voluntary, however, it would be compulsory when replacing the present system of determining the insurance period with an increase.

The growing number of elderly and their increasing need for **care** gave incentive to the Government of Slovenia to accept in December 1997, "The Programme for the Development of Care for the Elderly Until the Year 2005". In addition to the already existing public institutional care network, this programme will develop various new forms of assistance for the elderly. It will be undertaken by non-profit voluntary organisations, informal groups, self-help and mutual assistance networks and, whenever appropriate, by private organisations. The programme will focus on forms of formal and informal care which will enhance the capacity of families to look after their elderly members, or enable the elderly themselves to longer maintain an independent lifestyle in their home environment.

The programme anticipates the expansion of the institutional care network (retirement homes), so that institutions could take care of 4.5% of the elderly, the creation of day-care centres for those who require assistance when their family members are not present, and centres for home-help where different forms of domiciliary services will be co-ordinated. These centres will be an integral part of the public service network in the area of social and health care. The implementation of the programme began in 1998 and it

will continue until 2005. This year the Ministry of Labour, Family and Social Affairs adopted, in accordance with the outlined programme, a decision to start building five new retirement homes and five day-care centres. This year, for the first time, it has been recorded that public service for care at home, which until now was carried out through public works, has been developing faster. The Ministry of Labour, Family and Social Affairs has provided the means for this activity in the form of fulltime workers for 64 Slovene communes which declared implementation of this service.

The fulfilment of the objectives of the programme are closely related to other national programmes, in particular The National Programme of Health for All by the Year 2000 and the National Housing Programme. The National Programme of Health for All by the Year 2000 involves the concept or anticipates the creation of nursing hospitals which will reduce the pressure on retirement homes.

The specific aspects and needs of the elderly in regard to housing problems will be given a suitable place within the National Housing Programme. Special apartments as well as apartment homes for the elderly will be offered.

#### **(4) International migration**

After 1992 in Slovenia, net migration per 1,000 population has oscillated around 0.1%.

With the establishment of an independent state and the newly-arisen conditions in Europe and in the world, the Republic of Slovenia, with its important geographic and geopolitical position, has been taking on new challenges in the system of international migration and several other types of migration and the various problems arising from them. Although at one time an area predominantly of emigration, for at least three decades, Slovenia has been mainly an area of immigration, where immigrants from various ethnic groups and social and economic structures represent at least one tenth of the population.

Before the collapse of the former Yugoslavia, migration took place mostly within the Yugoslav borders. However, since the mid-Seventies, and especially after the countries of Western and Northern Europe started to close their borders, Slovenia first assumed the role of the substitutive target, which then became the major target of the European migration system. This tendency has been continuing even after independence, but with expansion of the geographical distribution of original regions. The proportion of people who come from so far non-traditional original regions is on the rise; in particular those from the countries of Eastern Europe and Asia and some Western European countries, too. With Slovenia located on the outside border of the European Union, more and more people are also trying to use it as a transit station in the still prevalent tendency of westward migration.

During this decade Slovenia has confronted the problem of refugees from Bosnia and Herzegovina, and other asylum seekers and applicants, increased pressures on the borders and illegal migrations, which are often linked to deviation phenomena of internationally organised proportions. In 1997, Slovenia adopted the Law on Temporary Refuge, which regulates the granting of temporary refuge to persons without citizenship. The Government of the Republic of Slovenia also adopted the proposal of the Law on Asylum. The proposal determines the principles, conditions and procedures for obtaining asylum, the determination of asylum, the termination of asylum and the status, rights and duties of refugees in Slovenia.

This year the Government of Slovenia has drawn up the **Resolution on Immigration Policy**, which proposes that, in accordance with the principles of relative freedom of movement, solidarity and humanitarian measures, Slovenia should pursue an orientated immigration policy, which will promote the economic and social development of Slovenia; particularly by harmonising immigration with necessary influx into the active population of Slovenia; and with regard to the interests of Slovenia, development plans and programmes, and labour market demands; by determining the criteria, advantages and if necessary annual quotas; by enabling the immigration of family members of Slovene citizens and

immigrants, according to the definition of a granted family member status in accordance with the ratified international agreements; by promoting immigration and the return of Slovene citizens and foreigners of Slovene origin. by observing international treaties on free circulation of persons and other bilateral or multilateral agreements; by observing asylum in accordance with the Geneva Convention on Refugee Status for humanitarian reasons and reasons according to the Law on Temporary Refuge as integral, although qualitatively differentiated immigration segments.

The Resolution proposes implementation **of a long-term integration policy** with the principles of equality, freedom to express cultural identity and mutual co-operation being its major directions. Social and economic integration of immigrants should be a common responsibility of Slovene society and the immigrants themselves.